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BOSTON, MA 02109-2881

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01 FC:1501 1400.00 OP
02 FC:1504 300.00 OP

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/647,074	08/22/2003	Christopher Vineis	ASC-58A	9702

TITLE OF INVENTION: SEMICONDUCTOR HETEROSTRUCTURES AND RELATED METHODS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$1700	11/07/2005
EXAMINER	ART UNIT	CLASS-SUBCLASS			
LEE, HSIEN MING	2823	257-018000			

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

2. For printing on the patent front page, list

Goodwin Procter LLP

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
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3. _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

AmberWave Systems Corporation

Salem, NH

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

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 Issue Fee A check in the amount of the fee(s) is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached. Advance Order - # of Copies _____ The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 07-1700 (enclose an extra copy of this form).

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Authorized Signature 

Date October 24, 2005

Typed or printed name Mark L. Beloborodov

Registration No. 50,773

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**TRANSMITTAL
FORM**

Application Serial Number	10/647,074
Filing Date	August 22, 2003
First Named Inventor	Christopher Vineis
Group Art Unit	2823
Examiner Name	Lee, Hsien Ming
Attorney Docket No.	ASC-058A
Patent No.	Not applicable
Issue Date	Not applicable

ENCLOSURES (check all that apply)

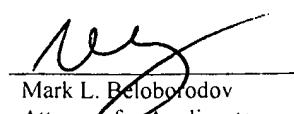
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<input type="checkbox"/> Amendment/Response <ul style="list-style-type: none"> <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets _____] 	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal <ul style="list-style-type: none"> <input type="checkbox"/> Power of Attorney (Revocation of Prior Powers) 	<input type="checkbox"/> Status Inquiry <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8 <input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8 <input type="checkbox"/> Additional Enclosure(s) (please identify below) <ul style="list-style-type: none"> (i) PTOL-85 Fee Transmittal Form (ii) Copy of PTOL-85 Fee Transmittal Form (iii) Check in the amount of \$1,700
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SIGNATURE BLOCK

Respectfully submitted,


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